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NO. 9685 P. 1

TO: ISSUE FEE

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67395 7590 08/05/2009  
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Christine Cuffe	(Depositor's name)
<i>Christine Cuffe</i>	(Signature)
10-26-09	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/534,930	12/22/2005	Marcus Patrick Carey	016434.096302	3672

**TITLE OF INVENTION:** METHOD OF SURGICAL REPAIR OF VAGINA DAMAGED BY PELVIC ORGAN PROLAPSE AND PROSTHETIC MATERIALS AND DEVICES SUITABLE FOR USE THEREIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/05/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, TARLA R	3772	128-834000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ethicon, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Somerville, NJ.

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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/Melissa J. Szanto/

Authorized Signature \_\_\_\_\_

October 26, 2009

Date \_\_\_\_\_

Typed or printed name \_\_\_\_\_ Melissa J. Szanto \_\_\_\_\_

Registration No. 40,834

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